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# The management and preparation of ‘street ministers of health’ are essential

An interview with a practitioner on the process of preparing instructors who are about to implement team sport on prescription in a Danish municipally organised prevention centre

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The purpose of this article is two-fold. First, we wish to present the ‘team sport on prescription’ intervention and second, we wish to draw attention to the importance of managing and preparing the instructors running the intervention. Unorthodoxly, this article is structured as an interview with a practitioner answering three questions, to which we have included expert commentary to provide an explicit link to the theory of ‘street-level bureaucracy’ (Lipsky, 1980) and thereby connect to the field of public administration. A main purpose of the intervention was to study how a new way of or-

ganising municipally initiated health enhancing ‘exercise on prescription’ influenced citizens referred by a general practitioner or a hospital. All traditional activities were replaced with team sports activities. For one year, all exercise equipment was removed from the location and the employees had to perform their role as instructors. In the article we conclude and exemplify how crucial the initial phase of managing and preparing the instructors is due to their extremely important position. In fact, the whole intervention is likely to stand or fall on the work of the instructors.

## Introduction

The purpose of this article is twofold. First, we wish to present an intervention practised in 2015/2016 called ‘team sport on prescription’ designed by the Copenhagen Centre for Team Sport and Health (NEXS, University of Copenhagen), the Municipality of Copenhagen and a local prevention centre. Second, we wish to draw attention to the importance of managing and preparing the instructors running the intervention.

This article has a slightly unorthodox structure, taking the form of an interview with a practitioner answering three questions, in which we have included expert commentary to provide an explicit link to the context of ‘street-level bureaucracy’ (Lipsky, 1980, 2010; Winter & Nielsen, 2010; Winter, 2012; Meyers & Nielsen, 2012; Hupe, Hill & Buffat, 2016). The practitioner has been working as a local implementer and the interview has a specific focus on the preparation of the instructors prior to the intervention and how the prevention centre dealt with issues related to this aspect.

The overall purpose of the intervention was to study the influence of a new way of organising municipally initiated ‘exercise on prescription’. The idea was to replace the traditional activities with team sports activities grounded in broader health-related outcomes from team sports, mainly in the field of football (Krustrup et al., 2010; Ottesen et al., 2010; Bangsbo et al., 2014. See also Milanovic et al., 2015; Oja et al., 2015; Castagna et al., 2018). For one year, all exercise equipment was removed from the location and the employees had to rethink how to perform their role as instructors.

Many interesting views have appeared in different academic fields, such as sociology and physiology. Reports and peer-reviewed articles have been published or are in progress (Andersen, 2015; Møller et al., accepted; Bangsbo et al., in progress; Hansen, in progress). This article is intended to link to the field of public administration, and to gather feedback from a central implementation actor in a form not suitable for a classic peer-reviewed journal publication, none the less presenting extremely important knowledge, among others as the initiative is about to disseminate. We will begin with a description of the setting, the traditional activities and the intervention, followed by an introduction to the interviewee.

### *The setting*

The setting in which the intervention was completed is a municipally run prevention centre in Copenhagen. The prevention centre is responsible for

municipally initiated preventive and rehabilitative exercise provided free of charge. The prevention centre offers 12-16 weeks of individual training in teams to citizens referred by a general practitioner or a hospital. The referral could be based on chronic obstructive lung disease, ischaemic heart disease, type 2 diabetes, or the risk of developing what are termed ‘lifestyle diseases’ resulting from obesity, high cholesterol levels or high blood pressure. The training teams had a maximum of 12 participants and each training session was conducted by 2 employees, one of whom, a trained physiotherapist (referred to as the instructor in the following), took the lead. The co-trainer was most often trained as a nurse or a dietician and had only a supporting role when needed. Most instructors had many years of experience in this specific field and had a great deal of professional knowledge.

## Expert commentary

In the book *Street-Level Bureaucracy: Dilemmas of the Individual in Public Services* from 1980, Michael Lipsky uses the term ‘street-level bureaucrats’, emphasising that the real decision-makers are the people who deliver the initiative to the target group (Lipsky, 1980, 2010). These may be police officers, teachers and also the instructors at the prevention centre just mentioned. “They operate, in Lipsky’s (1980) terms, as bureaucrats who not only deliver but also actively shape policy outcomes by interpreting rules /.../ Through their day-to-day routines and decisions, they produce public policy as citizens experience it” (Meyer & Nielsen 2012:307). Lipsky famously refers to teachers as “street ministers of education” (Lipsky, 2010:12). In a similar vein, we may take the liberty of calling the instructors ‘street ministers of health’, which explains the title of this article. This emphasises the importance of the instructors, and not least of their behaviour. Among other things, they are involved in joint production in collaboration with the target group, which means that the outcome depends on how the instructor and the participants interact. Interestingly, no two participants are alike, just as no two instructors are alike. This means that neither the work nor the management of the instructors can be regulated in detail. It also means that the instructors need to exercise discretion. Moreover, they act on behalf of others in a forum which is very difficult to monitor. And as we note below, they themselves did not decide to be involved in the intervention, and their basic studies (BSc) did not prepare them for the task, which differs from traditional working procedures.

### *The traditional activities and the team sport on prescription initiative*

The traditional activities was mixing fitness training and strength training, organised with either 2x1 hour training sessions a week for 16 weeks or 2x1.5 hour training sessions for 12 weeks, depending on the reason for referral. The fitness training was typically conducted as an individual activity using exercise bikes and other different activities with a focus on intensity connected to heart rate. The strength training was typically conducted using gym equipment or individual activities using the person's own body weight, rubber straps or free weights. Each instructor was responsible for planning his or her own sessions.

Like the traditional activities, the 'team sport on prescription' intervention followed the same schedule of 2x1 hour training sessions a week for 16 weeks or 2x1.5 hour training sessions for 12 weeks, depending on the reason for referral, and each instructor was likewise responsible for the planning. In contrast to the content of the traditional training sessions, all content was to be based solely on team sport activities.



Image 1: The traditional activities.



Image 2: The team sport intervention.

### *Who is the interviewee?*

The interviewee was working as the local project manager and was given the task of implementing ‘team sport on prescription’ in the prevention centre. He was not physically involved in the training sessions and so is not a ‘street-level bureaucrat’ in regard to the focus of this article. In relation to the intervention, he defines himself as an internal change agent, as he was guiding and discussing issues with the instructors on a daily basis. Prior to the intervention and also during it, he also worked as a counsellor tasked with guiding people towards a more active lifestyle – most often when they finished the 12 or 16 weeks of training. This position gave him a thorough knowledge of the citizens and the activities they had completed. He therefore has close contact with both participants and instructors by being located on site.

## The interview

### ***Q: How did the instructors react when they were introduced to the idea of Team Sport on Prescription?***

I remember we had a meeting almost 1½ years prior to the team sport intervention. This early meeting arose out of a baseline study of the traditional activities. The instructors were told that the prevention centre was about to get involved in a study focusing on health aspects of different activities, one being our traditional way of organising the activities and the other being team sport activities. There was not really very much information, which raised different questions which the management and I answered as best we could. The group of instructors was a bit ambivalent about participating. Some were eager to try doing things differently. Others were very worried about whether people who were very unaccustomed to exercise would have the physique and motivation to participate in team sport. They were especially worried about injuries. But to be frank they had no choice but to participate. This was a management decision.

### ***Expert commentary***

To build on Lipsky, this last point is essential to the work of street-level bureaucrats. They have to act on a policy without determining the content or the underlying assumptions – even though they feel they know the target group better than the decision-makers (and most likely do), and do not agree with the policy. Another important point is that the instructors normally do things differently, so their routines are challenged. Most often this will create some sort of insecurity and resistance. This is noted by Andersen (2015) within this actual intervention. To reduce problems of insecurity it is important to be clear about general information (Winter & Nielsen, 2010) such as goals, working procedures and underlying assumptions, which seems not to be the case at this early stage meeting.

### ***Q: How were the instructors prepared for the new working procedures in the ‘Team Sport on Prescription’ intervention, and did you run into any challenges in the initial phase?***



Well, all instructors were to get involved in the team sport training, which meant that they all had to be qualified to do so. As we started with one year of traditional activities to serve as a baseline, we had time to prepare the instructors to work with the team games. The first thing then was to invite the researchers to present information about the research project, and they gave a presentation on why they felt the intervention would be beneficial to the people referred to us. This meeting went well, and there were no real issues – yet. Remember that we were still more than a year away from the intervention.

### *Expert commentary*

Basically, the actions of street-level bureaucrats are a product of individual commitment and ability (Winter & Nielsen, 2010). It is therefore necessary to strengthen these, if they are not strong enough to begin with, which is also recognised by the management in this case. As the intervention requires new and most likely unfamiliar working procedures, this is expected to be needed. It seems that the goal of the initial meeting with researchers is to establish commitment. The instructors are served with additional information that was lacking in the early stage meeting. What is not covered at this meeting, however, is establishing people's ability. How should the instructors work with team sport?

The second significant thing we did was a workshop six months prior to the intervention, with the involvement of the researchers. One main purpose was to further introduce the beneficial aspects behind team sport. The instructors were also introduced to a definition of team sport, and tried out practical activities introduced by the researchers. The definition sought by the instructors included 4 aspects; ‘physical activity’, ‘excitement of the outcome’, ‘interaction and involvement of participants’ and ‘the passing of one or more objects within the team’. The games introduced were more or less known to the instructors, and the participants discussed how these and other games were related to the definition of team sport. The next step within the workshop was for the instructors to try to create their own games, for which we unfortunately lacked the time. The definition was not easy to get to grips with, as the instructors obviously expected to be involved in creating it, based on their knowledge of training and of the participants.



That may have been a misunderstanding, but it generated some, to me, surprising discussions. Even though the definition left room for them to put in their own ideas, and especially their knowledge of exercise training and the target group, it produced a lot of frustration around how to organise the activities. It actually did more harm than good at that moment, if you know what I mean.

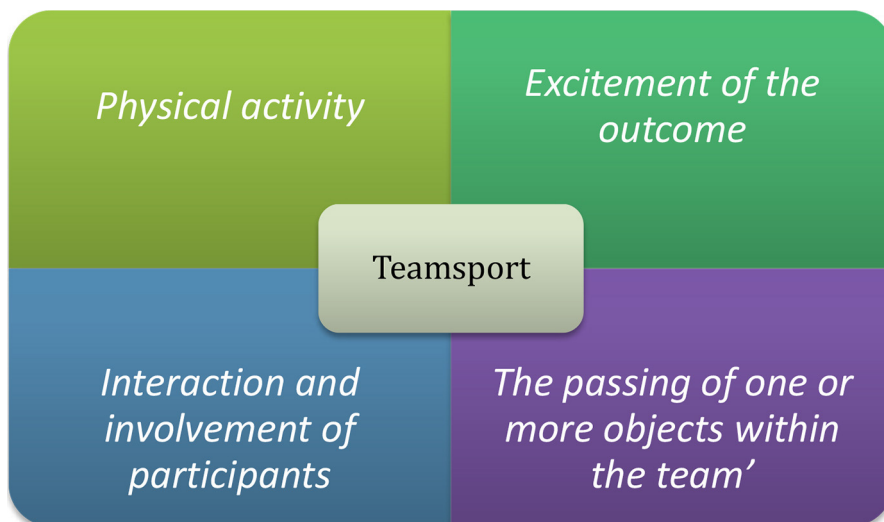


Figure 1: The team sport definition (Hansen, Randers, Andersen, Ottesen, 2015).

### *Expert commentary*

The goal of the workshop was clearly to establish the skills needed to organise and carry out team sport activities based on information about why it would prove beneficial to the participants. Unfortunately, it seems that the instructors did not leave the workshop with the intended skills. They were frustrated, and the worst-case scenario from this frustration is a reduction in commitment. An interesting aspect is the interviewee's interpretation of a 'misunderstanding' in relation to the creation of the framework (the definition) in which they would do their work. This could be part of the reason why the workshop did not provide the necessary skills and most likely also explains why they did not have time to actually work within the definition, as unplanned discussions took over. They probably felt their professional know-how was not recognised and they were likely nervous about the changing working procedures already mentioned. This is not surprising. In relation to the definition, it shows once again how the instructors are in a

street-level bureaucrat’s position, in which they do not themselves create the framework – in this case the definition. But they themselves are expected to fill the framework. This is no easy job, and in order to do so, they have to exercise discretion, which already mentioned makes demands on their skills. Not only do they need knowledge of the new activities, they also need the ability to act on their new knowledge. In relation to this, it is important to note that the instructors need to be willing to raise their ability. The instructors are not puppets worked by strings (Winter & Nielsen, 2010).

***Q: How did you deal with the frustration mentioned earlier?***

The solution to this was to create a catalogue containing 12 pre-defined team sports activities suitable for the target group. The management also allocated time for meetings every second week in the big gym, where the instructors could practise team sports activities and make time for reflection. This was requested by the instructors, who now stated their worries more explicitly than before. In these meetings, which continued throughout the intervention, the instructors played the games from the catalogue and reflected on possible challenges. And quite quickly they started creating their own games with a specific focus on the participants and the expected outcomes. In that regard the catalogue was supplemented with team sports activities developed by the instructors. And in that regard the team sport definition became very helpful.

***Expert commentary***

The catalogue of activities acts as a kind of manual designed to reduce the element of discretion, even though the work cannot be micro-managed by superiors. This catalogue of ideas becomes necessary as the instructors did not have the ability, or felt uncomfortable with the work. And clearly the uncertainty as to how to do your job becomes more stressful as you move closer to the actual change. What the management does well here is to take responsibility, and make sure that the instructors can develop their skills and feel comfortable in the situation in which they will have to exercise discretion. Without this time for practical skills development, they would still be frustrated and in need of both commitment and ability. And probably even more so than earlier, as “the clock is ticking”. Interestingly, the instructors start creating their own games, which indicates that they feel more com-

fortable. To some extent the games handed out as examples provided the basis for the instructors to come up with their own ideas, showing a greater ability to work within the provided framework. Probably this self-creation of games heightens both commitment and skills.

## Concluding remarks

The observations above show how crucial the initial phase is, as the street-level bureaucrat is an extremely important actor. In fact, the whole intervention is likely to stand or fall on the work of the instructors. They may exhibit behaviour which does not benefit the programme, especially if they do not have the commitment and ability needed. If this is the case, it becomes hard to detect and compensate, as it is difficult to monitor the instructors in their daily training sessions.

We will finish this unorthodox article with yet another question and let the interviewee wrap it up.

### ***Q: What happened when they started the team sport intervention?***

In the beginning the instructors worked mainly with activities presented in the team sports catalogue and did so very carefully. I mean, they were worried about injuries and they kept the intensity low, because of this concern. They urged the participants to be careful. But eventually, and as they became more familiar with the activities, the intensity rose. They also started organising and constantly developing self-made team sports games. If I did this again, I would start the process of developing skills ability earlier or postpone the involvement of the instructors until the intervention was completely clear. I believe this could have prevented some frustration.

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